



PTO/SB/92 (08-03)

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Application No. (if known): 08/780,878

Attorney Docket No.: X0410.0063/P063

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Notice of Appeal and
Petition for Extension of Time (3 months).



PTO/SB/17 (10-03)

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2873/11
JFW

FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

<input type="checkbox"/>	Applicant claims small entity status. See 37 CFR 1.27
TOTAL AMOUNT OF PAYMENT	
(\$)	
640.00	

Complete if Known	
Application Number	08/780,878-Conf. #7586
Filing Date	January 9, 1997
First Named Inventor	Adeed G. Saba
Examiner Name	H. X. Dang
Art Unit	2873
Attorney Docket No.	X0410.0063/P063

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)			
<input type="checkbox"/> Check	<input checked="" type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> Other	<input type="checkbox"/> None	
<input type="checkbox"/> Deposit Account:					
Deposit Account Number	50-2215				
Deposit Account Name	Dickstein Shapiro Morin & Oshinsky LLP				
The Director is authorized to: (check all that apply)					
<input type="checkbox"/> Charge fee(s) indicated below	<input checked="" type="checkbox"/> Credit any overpayments				
<input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)					
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.					
FEE CALCULATION					
1. BASIC FILING FEE					
Large Entity	Small Entity				
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1001	770	2001	385	Utility filing fee	
1002	340	2002	170	Design filing fee	
1003	530	2003	265	Plant filing fee	
1004	770	2004	385	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	
SUBTOTAL (1) (\$)		0.00			
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE					
Large Entity	Small Entity	Extra Claims	Fee from below	Fee Paid	
Total Claims		-** =	<input type="text"/>	<input type="text"/>	= <input type="text"/>
Independent Claims		-** =	<input type="text"/>	<input type="text"/>	= <input type="text"/>
Multiple Dependent			<input type="text"/>	<input type="text"/>	= <input type="text"/>
Large Entity	Small Entity				
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1202	18	2202	9	Claims in excess of 20	
1201	86	2201	43	Independent claims in excess of 3	
1203	290	2203	145	Multiple dependent claim, if not paid	
1204	86	2204	43	** Reissue independent claims over original patent	
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2) (\$)		0.00			
*Reduced by Basic Filing Fee Paid					
		SUBTOTAL (3) (\$)			
		640.00			

**or number previously paid, if greater; For Reissues, see above

(Complete if applicable)					
Name (Print/Type)	Edward A. Meilman	Registration No. (Attorney/Agent)	24,735	Telephone	(212) 896-5471
Signature	<i>Edward A. Meilman</i>			Date	July 16, 2004